

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10585

Registration District No. 157

Primary Registration District No. 4091

Registrar's No. 10

1. PLACE OF DEATH:

(a) County. Cass
(b) City or town. Pleasant Hill Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 350
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME NELLIE PEARCE CHEATHAM

8. (b) If veteran, name war. 350
8. (c) Social Security No. 350

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Y
6. (b) Name of husband or wife John Cheatham 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 17 1839
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Beards Town Ill. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name William E Pearce 4
13. Birthplace Worcester England (City, town, or county) (State or foreign country)
14. Maiden name Margaret Burdick
15. Birthplace New York City N.Y. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl King

(b) Address Pleasant Hill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Kansas City

18. (a) Signature of funeral director W. B. Brown

(b) Address Pleasant Hill Mo

19. (a) 3/7/46 (Date received local registrar) (b) Mrs. Etta M. Adridge (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Pleasant Hill Mo (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. ? 350 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1946 hour 5:37 minute A. M.

21. I hereby certify that I attended the deceased from March 3 1946 to March 3 1946
that I last saw her alive on March 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive heart failure 3 hours Duration

Due to Myocarditis
Arteriosclerosis

Due to

Other conditions Seizure 93R
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

149 (Specify type of place)

While at work? (e) Means of injury

23. Signature W. B. Brown (M. D. or other)

Address Pleasant Hill, Mo Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

By me March 3, 1940, Registered Apprentice No. _____
working under my personal supervision.

Signed

W. B. Brownfield

Licensed Embalmer No.

3785

P. O. Address

Pharmacia Hill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 10585-

Registration District No. 157

Primary Registration District No. 4091

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Cass
(b) City or town Pleasant Hill
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Hellie Pearl Cheatham

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married,
divorced widowed

6. (b) Name of husband or wife John Cheatham 6. (c) Age of husband, or wife, if
alive dead years _____

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 8 16 min.

9. Birthplace. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant _____

- (b) Address _____

17. (a) (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year)

- (c) Place of burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____

- (c) City or town _____ (If outside city or town limits write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month mar day 2
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

- that last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

- Due to _____

- Due to _____

- Other conditions _____
(Include pregnancy within 3 months of death)

- Major findings:
Of operations _____

- Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? (Specify type of place) (c) Means of injury _____

23. Signature C. W. Harding (M. D. or other)

- Address Pleasant Hill _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

SUPPLEMENTARY

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

S-10585 1940